



Board of Health Agenda

Date: January 29, 2025

Time: 3:00 PM

Location: Remote Participation

1. HEARING:
 1. Hearing of Tobacco Regulation Violations
2. HEARING:
 2. Hearing of Body Art Permit Application
3. UPDATES:
 3. Tobacco Updates
4. UPDATES:
 4. Department Updates
5. UPDATES:
 5. Nursing Updates
6. UPDATES:
 6. Environmental Updates
7. UPDATES:
 7. Restaurant Updates

Adjourn



Town of Arlington, Massachusetts

1. Hearing of Tobacco Regulation Violations

ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Arlington_Heights_convenience_CO_01292025.pdf	Correction Order
▢	Reference Material	1.15.2025_Arlington_Heights_Convenience_Inspection.pdf	Jan 15, 2025 Inspection Report
▢	Reference Material	jan162025_Arlington_Heights_Convenience.pdf	Jan 16, 2025 Inspection Report



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Correction Order

January 27, 2025

HAND DELIVERED

Arlington Heights Convenience
Attn: Vinus Patel
1348 Massachusetts Ave
Arlington, MA 02474

On Wednesday, January 15, 2025, the Arlington Board of Health representatives Maureen Buzby and Reilly Ellis conducted an inspection of multiple retail tobacco vendors in town. Please be advised your establishment did not have a valid Tobacco Permit for 15 days, any sales during this time period were unregulated. This sale is in violation of 105 CMR 665.00: Minimum standards for retail sale of tobacco and electronic nicotine delivery systems and of the Board of Health Regulation Restricting the Sale of Tobacco Products and Nicotine Delivery Products.

Arlington Heights Convenience violated the state law entitled "An Act to Modernize Tobacco Control", 105 CMR 665.000, and Board of Health Regulation Restricting the Sale of Tobacco Products and Nicotine Delivery Products by:

- ☐ Sale of tobacco product to a person under the Minimum Legal Sales Age;
- ☐ Sale of a flavored nicotine delivery tobacco product [flavored combustible and other traditional tobacco products are prohibited on and after June 1, 2020];
- ☐ Offered for sale a flavored nicotine delivery product [see above];
- ☐ Failure of a non-age restricted establishment to maintain a record from the manufacturer indicating that an unflavored nicotine delivery product has a nicotine content of 35 milligrams per milliliter or less;

☒ **Other, see the below additional violations, with any necessary additional pages attached:**

Failure to comply with Section D(2) of the Board of Health Regulation Restricting the Sale of Tobacco Products and Nicotine Delivery Products which states "a. All retail establishments, including adult-only retail tobacco stores, shall conspicuously post signage inside the establishment, in the form developed and made available by the Massachusetts Department of Public Health. Such signage shall include: (i) a copy of M.G.L. c. 270, §§ 7 6 and 6A; (ii) referral information for smoking cessation resources; (iii) a statement that sale of

tobacco products, including e-cigarettes, to someone younger than 21 years of age is prohibited; (iv) health warnings associated with using electronic nicotine delivery systems; and (v) notice to consumers that the sale of flavored electronic nicotine systems are prohibited at all times. Such signage shall be posted conspicuously in the retail establishment or other place in such a manner so that it may be readily seen by a person standing at or approaching the cash register. The notice shall directly face the purchaser and shall not be obstructed from view or placed at a height of less than four feet or greater than nine feet from the floor.

Failure to comply with Section E (1) of the Board of Health Regulation Restricting the Sale of Tobacco Products and Nicotine Delivery Products which states “No person shall sell or otherwise distribute tobacco or nicotine delivery products at retail establishments within the Town of Arlington without first obtaining a Tobacco and Nicotine Delivery Product Sales Permit issued annually by the Arlington Board of Health. Only owners of establishments with a permanent, non-mobile location in Arlington are eligible to apply for a permit and sell tobacco products or nicotine delivery products at the specified location in Arlington.”

Failure to comply with Section G of the Board of Health Regulation Restricting the Sale of Tobacco Products and Nicotine Delivery Products which states “No person or entity shall sell or distribute blunt wraps in Arlington.”

Failure to comply with Section L of the Board of Health Regulation Restricting the Sale of Tobacco Products and Nicotine Delivery Products which states “All self-service displays of tobacco products and/or nicotine delivery products are prohibited. All humidors including, but not limited to, walk-in humidors must be locked.”

You are hereby ordered to comply with An Act to Modernize Tobacco Control, 105 CMR 665.000, and Board of Health Regulation Restricting the Sale of Tobacco Products and Nicotine Delivery Products. In addition, the following fines and actions apply against Arlington Convenience for violations of 105 CMR 665.000 and Board of Health Regulation Restricting the Sale of Tobacco Products and Nicotine Delivery Products:

- ☒ **First violation: a fine of one thousand dollars (\$1000.00) and the Tobacco and Nicotine Delivery Product Sales Permit shall be suspended for seven (7) consecutive business days;**
- ☐ Second violation within a 36-month period from the first violation: a fine of two thousand dollars (\$2000.00) and the Tobacco and Nicotine Delivery Product Sales Permit shall be suspended for fourteen (14) consecutive business days;
- ☐ Third violation within a 36-month period from the first violation or additional violations during that time period: a fine of five thousand dollars (\$5000.00) and the Tobacco and Nicotine Delivery Product Sales Permit shall be suspended for thirty (30) consecutive business days.

You are hereby ordered to pay the amount of **\$1,000.00** by check or money order made payable to the Town of Arlington within twenty-one (21) days of receipt of this order to the address below:

Arlington Board of Health
27 Maple Street
Arlington, MA 02476

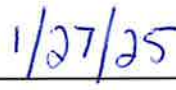
You are hereby ordered to attend a Board of Health hearing. This hearing will be held to determine any further enforcement proceedings, including the possible suspension of your permit. The meeting will be conducted online via remote participation. All attendees must register in advance for the meeting. After you have register for the meeting, Zoom will send you the meeting link which you will use to access the meeting. **The meeting will take place over Zoom on January 29, 2025 at 3pm. The Zoom link will be emailed to the store owner.**

Failure to comply with this order may result in additional penalties as permitted by law.

Signed by:



Name:



Date:

Charlotte Breef-Pilz
Assistant Director of Public Health
Town of Arlington
27 Maple Street
Arlington, MA 02476

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View education visit

Retailer name: Arlington Heights Convenience

Address: 1348 Massachusetts Ave,
Arlington, MA, 02476-4102

Form: Mass POST BOH Custom InspectionAgency: BOH
Form 4/17/2023

Education information	Submission information
Can you visit the store? Yes	Submitted date 01/15/2025
Does the actual store name match the assigned store name? Yes	Submitted time 12:05 PM US/Eastern (UTC -05:00) Completed by mbuzby@cityofmelrose.org

Enter actual store name, then continue: No response
Does the actual store address match the assigned store address? Yes
Enter actual store street address (do not include city, state, or zip code), then continue: No response
Purpose of the visit: Complaint received
Please specify other visit purpose: No response
Was inspection completed? No
If no please indicate why: Other

Last modified user
mbuzby@cityofmelrose.org
Last modified date
01/15/2025

Is the local board of health license posted? No response	
Is the state DOR tax license posted? No response	
Is required state law signage (MGL ch 270, G and 6A) posted? No response	
Is a 'No smoking' sign posted? No response	
Is a minimum legal sale age sign posted? No response	
Is a cessation sign(s) posted? No response	
Is a vaping health warning sign(s) posted? No response	

Is a cigar health warning sign(s) posted? No response	
Is a sale of flavored tobacco prohibited warning sign(s) posted? No response	
Is a "Must be 21+ to enter" exterior sign posted? No response	
If smoking or tobacco use is allowed inside, is there an exterior warning sign that smoking/vaping allowed inside? No response	
If smoking or tobacco use is allowed inside, is there an interior warning sign that smoking/vaping allowed inside? No response	
Does the establishment have a doorbell, buzzer, or locking mechanism for preventing minors from entering the store?	

No response	
Is any tobacco in a self-service location?	
No response	
Do all tobacco self-service locations meet legal standards?	
No response	
Are any tobacco vending machines present?	
No response	
Do tobacco vending machines meet all regulation standards?	
No response	
Are cigarettes sold here?	
No response	
Are cigars/cigarillos sold here?	
No response	

Are smokeless tobacco products (e.g. chewing tobacco, snuff, snus; nicotine pouches, gum, lozenges, gummies) sold here?
No response
Are vape products (e.g. e-cigarettes, e-hookah, e-cigars, vape pens) sold here?
No response
Were any violations found?
No response
Specify other violation:
No response
What action was taken? Check all that apply
No response
Specify other fine:
No response

Employee/merchant name:
No response
Employee/merchant title:
No response
Which of the following topics were discussed with the employee/merchant? Check all that apply
No response
Which of the following materials were given? Check all that apply
No response
Specify other materials:
No response
If state or local signage was provided to retailers, specify which signs:
No response
Enter field notes

<p>Many issues. No current BOH permit. Spoke to Arlington Health Department. Store will close until permit issue is resolved. Follow-up inspection/retailer education visit needed.</p>	
Photo 1	
No response	
Photo 2	
No response	
Photo 3	
No response	
Photo 4	
No response	

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View education visit

Retailer name: Arlington Heights Convenience

Address: 1348 Massachusetts Ave,
Arlington, MA, 02476-4102

Form: Mass POST BOH Custom InspectionAgency: BOH
Form 4/17/2023

Education information		Submission information	
Can you visit the store?		Submitted date	
Yes		01/16/2025	
Does the actual store name match the assigned store name?		Submitted time	
Yes		11:20 AM US/Eastern (UTC -05:00)	
		Completed by	
		mbuzby@cityofmelrose.org	

Enter actual store name, then continue: No response	Last modified user mbuzby@cityofmelrose.org Last modified date 01/24/2025
Does the actual store address match the assigned store address? Yes	
Enter actual store street address (do not include city, state, or zip code), then continue: No response	
Purpose of the visit: Other	
Please specify other visit purpose: Follow-up on failed inspection	
Was inspection completed? Yes	
If no please indicate why: No response	

Is the local board of health license posted?

Yes

Is the state DOR tax license posted?

Yes

Is required state law signage (MGL ch 270, G and 6A) posted?

Yes

Is a 'No smoking' sign posted?

Yes

Is a minimum legal sale age sign posted?

Yes

Is a cessation sign(s) posted?

Yes

Is a vaping health warning sign(s) posted?

Yes

Is a cigar health warning sign(s) posted?

Yes

Is a sale of flavored tobacco prohibited warning sign(s) posted?

Yes

Is a "Must be 21+ to enter" exterior sign posted?

No response

If smoking or tobacco use is allowed inside, is there an exterior warning sign that smoking/vaping allowed inside?

No response

If smoking or tobacco use is allowed inside, is there an interior warning sign that smoking/vaping allowed inside?

No response

Does the establishment have a doorbell, buzzer, or locking mechanism for preventing minors from entering the store?

No response

Is any tobacco in a self-service location?

No response

Do all tobacco self-service locations meet legal standards?

No response

Are any tobacco vending machines present?

No response

Do tobacco vending machines meet all regulation standards?

No response

Are cigarettes sold here?

Yes

Are cigars/cigarillos sold here?

Yes

Are smokeless tobacco products (e.g. chewing tobacco, snuff, snus; nicotine pouches, gum, lozenges, gummies) sold here?

Yes

Are vape products (e.g. e-cigarettes, e-hookah, e-cigars, vape pens) sold here?

Yes

Were any violations found?

No

Specify other violation:

No response

What action was taken? Check all that apply

No response

Specify other fine:

No response

Employee/merchant name:

No response

Employee/merchant title:

Owner

Which of the following topics were discussed with the employee/merchant?
Check all that apply

Checked local BOH and DOR permits,
Reviewed regulations/tobacco sales laws, Retailers' responsibilities, Proper Identification, Compliance checks (minors may look older), Penalties, Trainings, Required signage and placement, Smoke-free/vape-free workplace law

Which of the following materials were given? Check all that apply

No response

Specify other materials:

No response

If state or local signage was provided to retailers, specify which signs:

No response

Enter field notes

Owner had a BOH permit and was awaiting for okay to sell tobacco products. Spoke with Charlotte in Health Dept. She will visit later in the day. Reported presence of "drug paraphernalia", whippets, Kratom, CBD gummies, etc. Will attend BOH hearing on January 29th at 3:00 PM.

Photo 1

No response

Photo 2

No response

Photo 3

No response

Photo 4

No response

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Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

MEMO

To: Board of Health Members
From: Charlotte Breef-Pilz, Assistant Health Director
Date: January 24, 2025
RE: Request for Body Art Apprentice Variance

The following is a variance request from the Town of Arlington's Rules and Regulations for Body Art Establishments and Practitioners. The request for variance is regarding the two year actual experience in the practice of performing body art activities of the kind for which the applicant seeks a body art practitioner permit to perform. Owner James Quinn of Ink Jam Studio is looking to have applicant Ms. Caleigh Smith become a Body Art Apprentice. The variance request contains documents that have been adapted from local municipalities (predominantly Cambridge, Medford, and Lowell) that permit Body Art Apprentices through their local regulations. Examples of task sheets, time logs, and skill levels intended to track Apprentice experience and progress are included for your reference.

Currently, Ms. Smith has provided proof of all practitioner training and experience required in the Town's Body Art Regulations, with the exception of:

(5) The applicant for all practitioners shall submit evidence satisfactory to the Board of at least two years actual experience in the practice of performing body art activities of the kind for which the applicant seeks a body art practitioner permit to perform, whether such experience was obtained within or outside of the Commonwealth.

This variance would enable Ms. Smith to gain the two years of body art experience required by (5).

I recommend granting Ink Jam a variance for Ms. Smith to work as a Body Art Apprentice.

Enclosed please find: the variance documents and applicable components of the *Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners*.



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Received
JAN 06 2025
Arlington, MA

Tel: (781) 316-3170
Fax: (781) 316-3175

RENEWAL APPLICATION FOR A BODY ART PRACTITIONER PERMIT

Practitioner Information:

Your Name Caeleigh Smith Home Telephone [REDACTED]

Home Address 60 Morningside Drive Arlington MA, 02474

Mailing Address _____
If different from home address

E-mail [REDACTED]

Date of Birth 05/18/1996

Establishment Information:

Name of Establishment Where You Practice INK JAM TATTOO STUDIO

Address 12 Park Ave Arlington MA 02474 Telephone 781-316-2393

Hours You Operate _____ Manager's Name James Quinn

Please submit the following information:


- 1.) Two forms of positive picture identification
- 2.) \$200.00 fee made payable to the Town of Arlington
- 3.) Documentation of additional training that was completed during the prior calendar year

I have received, read, understood and agree to follow all rules and regulations specified in the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.

Sign Caeleigh Smith

Date 11/18/2024

Caeleigh Smith
60 Morningside Drive
Arlington Ma, 02474



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington Ma, 02476

Tuesday October 15, 2024

To: The Head of the Board of Health

My name is Caeleigh Smith and I am writing to apply for my tattoo apprenticeship license at Ink Jam Tattoo in Arlington Massachusetts. I received my Bachelors of Fine Arts degree for Art Education in December of 2018 at Massachusetts College of Art and Design. While studying at MassArt, I had the opportunity to explore various art mediums, from creating natural paint from spices and fruit, to creating 6ft/6ft charcoal drawings, to film and digital photography and ceramics. The only medium I have always wanted to conquer that was not available at art school was the medium of tattooing.

At this time I have been voluntarily working at Ink Jam Tattoo Studio to learn the business of tattooing. With respect for the town of Arlington and the Board of Health rules and regulations, I am working towards learning the art of tattooing and becoming a licensed tattoo artist. I have highly valued the opportunity to experience James Quinn at work, as an artist and businessman. I am honored to use the skills that he has taught me through the years and to use his mentorship, my artistic skills, my positive attitude, and qualifications towards the future of tattooing.

I have lived in Arlington for 26 of my 28 years of life and recently found myself not only circling back to my hometown but returning to the original Tattoo Shop of Arlington Massachusetts. I have received all of my tattoos from Tattoo artist James Quinn, an artist that has inspired me since I was 18 years old. Given the opportunity to learn under an experienced artist in my home town, the shop where I have received my tattoos and found the love for tattooing, will be one of my greatest accomplishments.

Working beside James Quinn, I agree to adhere to all the rules and regulations regarding body art and body tattooing. I intend to establish and maintain a safe and healthy art practice that will professionally respect the name Ink Jam Tattoo Studio and the Town of Arlington. I fully understand the violation to the guidelines, rules and regulations may be cause for administrative action by the Board of Health.

Sincerely,



Caeleigh M. Smith

James Quinn
Ink Jam Tattoo Studio
12 Park Ave
Arlington Ma, 02476
781-316-2393
inkjam12@gmail.com

Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington Ma, 02476

Dear Public Health Official,

I have identified a very strong candidate for the apprentice position at Ink Jam Tattoo Studio. Caeleigh Smith is an artist who is a great fit to work in my shop as an Apprentice. Caeleigh has her Bachelor of Fine Arts in Art Teacher Education from Massachusetts College of Art and Design in Boston Ma. She not only has a passion for portraiture and color mixing, but she has a passion for surviving the public as well. Raised in Arlington, Caeleigh has a friendly face who greets clients very positively every experience. I am excited for this opportunity and looking forward to training and sharing my skills and knowledge with Ms. Smith.

I agree to adhere to all regulations, rules guidelines regarding body art, body tattooing, and the Art Apprentice Variance from the Arlington Board of Health. I intend to train Ms. Smith in a clean and safe environment following all rules and regulations. I further understand that violating the regulations. Rules. Ad variance. May cause for administrative action by the Board of Health.

Thank you to the town of Arlington and the Board of Health for accepting my request to obtain an Art Apprentice License. Let me know if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Quinn', with a stylized, flowing script.

James Quinn
inkjam12@gmail.com
781-316-2393



SAVE EACH LIFE

Anatomy, Physiology, Diabetes, Skin Diseases, Disorders and Conditions ("Skin Course") for Body Art Practitioners
986 Finley Drive, Macclenny, FL 32063 Tel. (413) 824-9581 SaveEachLife.com

Proudly presents this

Anatomy, Physiology and "Skin Course" for Body Art Practitioners Certificate

To Caeleigh Smith

who has successfully completed the training in the basics of *Anatomy and Physiology,
Diabetes, Skin Diseases, Disorders and Conditions,*
and passed the final exam with at least 75% correct answers.

Security Control No.

426673

Date:

Jan. 2, 2025

Embossed Seal

Dan V. Ors

Authorized Signature

To verify authenticity, call **Dan Ors, 413-824-9581**

HEARTSAVER

**Heartsaver®
First Aid CPR AED**



**American
Heart
Association.**

Caeleigh Smith

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Heartsaver First Aid CPR AED Program.**

Optional modules completed:

Child CPR AED

Issue Date

8/19/2024

Training Center Name

Technical Medical Training

Training Center ID

MA00670

Training Center City, State

Burlington, MA

**Training Center Phone
Number**

(781) 272-5369

Training Site Name

Renew By

08/2026

Instructor Name

kristin smith

Instructor ID

02120078204

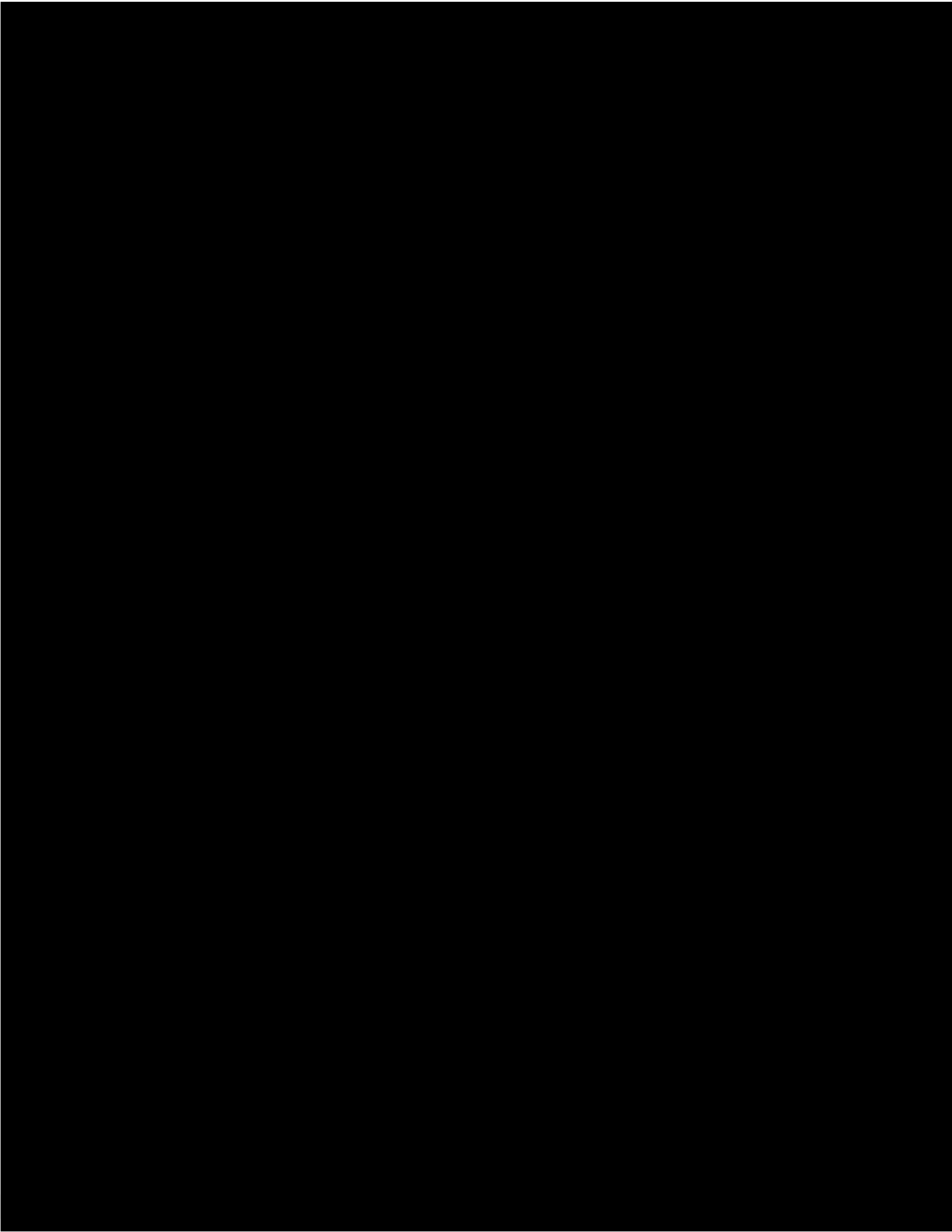
eCard Code

256012494404

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.
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Caeleigh Smith

EDUCATION

Pathway Program for Moderate Disabilities Licensure and Professional Practice, Boston MA. 2020

- Special Education Moderate Disabilities Certification (PreK-12) incomplete

Massachusetts College of Art and Design, Boston MA. Major: Art Education. BFA 2018

- India, Travel Course: Fibers and Sustainability. 2018

Minuteman Career and Technical High School, Vocation: Biotechnology. Diploma 2014

- Skills U.S.A Leadership Program and Occupational Competition: Officer, and State champion. 2013 and 2014

TEACHING EXPERIENCE

Certified Daycare instructor, **Silver Spoon Daycare**, Arlington Ma, September 2023-present

Special Education Teacher, **Lighthouse School Inc.**, North Chelmsford Ma, 2021-June, 2023

- Math Elementary, Reading Kindergarten Foundations Reading Program
- grades K-5

Instructional Assistant Trainee, **McKinley Preparatory High School**, Boston MA 2018 - 2021

- (ages 14-22) High School students with Moderate-Severe Behavioral Disorders
- Experience in behavior management, classroom management, and deescalation tactics.
- Experience reading IEP's
- UDL Guidelines for lesson Plans

Studio Instructor, **Studio On The Common**, Winchester Ma, June 2021-August 2021

- All ages

Camp Art Teacher, **Arlington Center For The Arts**, Arlington Ma June 2021- August 2021

- Ages 5-18

Student Teacher, **McKinley Preparatory High School**, Boston MA Sept. 2018 - Dec. 2018

- Visual Arts Classroom, in a Therapeutic Day School

Regular Childcare Assistant, (ages 4 months - 4) **Silver Spoon Daycare**, Arlington MA 2013 - 2018

Instructor: Saturday Studios, **Massachusetts College of Art and Design**, Boston MA 2017

- Advanced Studios (grades 9 - 12) Designed a comprehensive, eight class curriculum
- Instructor: Summer Fun, **Ottoson Middle School**, Arlington MA 2017
- Project Runway (grades 4 - 6)
 - Storybook Creations (grades 1 - 3)
 - T-shirt Factory (grades 6 - 9)

Teaching Assistant, Course Fieldwork 2015 - 2018

- **Rafael Hernandez Dual Language School**, (kindergarten) Boston MA 2017
- **Action for Boston Community Development**, (senior citizens) Boston MA 2017
- **Massachusetts College of Art and Design**, (grades 10 - 12) Saturday Studios, Boston MA 2017
- **Backlar and Paine Galleries**, (ages 3 - 90) Family Day, Boston MA 2016 and 2017
- **Clarence R. Edward Middle School**, (grades 6 - 8) Boston MA 2016
- **Minuteman Career and Technical High School**, (grades 9 - 12) Lexington MA 2016
- **Ottoson Middle School**, (grades 6 - 8) Arlington MA 2016
- **The Arlington School at McLean's Hospital**, (grades 9 - 12) Belmont MA 2016

CERTIFICATION/QUALIFICATIONS

- Visual Arts License 5-12
- Visual Arts License PreK-8
- for Moderate Disabilities PreK-12
 - (Pending License)
- Safety-Care
- CPI (Crisis Prevention Intervention)
- CPR (Cardiopulmonary Resuscitation)
- AED (Automated External Defibrillator)
- First Aid Certified
- Beginner in Spanish and French

ARTISTIC SKILLS

- Painting (watercolor, oil, and acrylic)
- Drawing (graphite, charcoal, conte crayon)
- Ceramics
- Photography (Black and White film, Digital)
- Adobe Suite (Photoshop, Lightroom, Premiere)
- Fibers
- Glass Casting
- Mixed Media

Other Work Experience/Volunteering

- Childcare Provider, Various Families
 - 2009-present
- Kids Club Instructor and Sales Associate
 - **Michaels Craft Store**, Stoneham MA
 - 2015-2017
- Volunteer Instructor
 - **Boston Public Schools Art Festival**,
 - (grades 9 - 12) Boston MA 2016 and 2017
- Volunteer Childcare Provider
 - **Pals Horizons for Homeless Children**,
 - (ages 1 - 4) Brighton MA 2015



CERTIFICATE OF COMPLETION

Caeleigh Smith

Successfully Completed

Bloodborne & Airborne Pathogens eLearning - 8th Edition

The bearer of this provisional certificate has completed the e-learning portion of the National Safety Council's Bloodborne & Airborne Pathogens eLearning - 8th Edition program. Skill in practice and testing must be successfully completed with an authorized NSC First Aid instructor to become certified in Bloodborne & Airborne Pathogens eLearning - 8th Edition.

Awarded 9/ 8/2024

Expires 9/ 8/2025

Control # 243 7



Save lives, from the workplace to anyplace.™



Name Caeleigh Mariah Smith

PERSONAL CONTACT INFORMATION

Home Address 60 Morningside Drive

City, State, Zip Arlington MA 02474

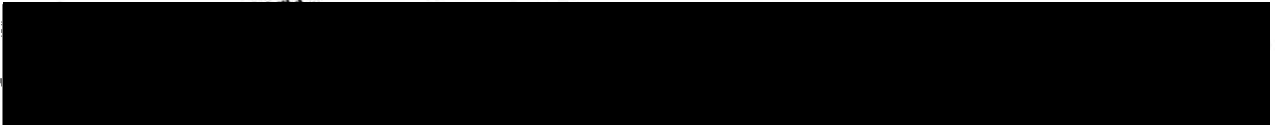


EMERGENCY CONTACT INFORMATION

1. Name Kristin Smith Relationship Mother

Address 60 Morningside Drive

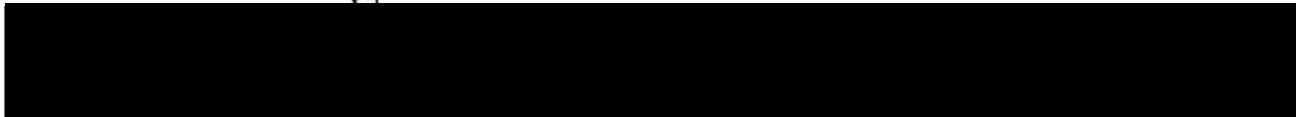
City, State, Zip Arlington MA 02474



2. Name Bill Smith Relationship Step Dad

Address 60 Morningside Drive

City, State, Zip Arlington MA 02474



MEDICAL CONTACT INFORMATION





Apprentice Consent

CONSENT TO APPLICATION OF BODY ART PROCEDURE RELEASE AND WAIVER OF CLAIM - CONSENT TO TATTOO BY AN APPRENTICE

Please initial each item:

- ☐ I acknowledge that I have been given the full opportunity to ask any and all questions which I might have about obtaining a tattoo from Ink Jam Tattoo Studio and that all of my questions have been answered to my full and total satisfaction.
- ☐ I acknowledge that I have had a complete and satisfactory per-procedural consultation prior to any body art procedure and the health risks associated with it.
- ☐ I acknowledge that I am not under the influence of drugs or alcohol.
- ☐ I acknowledge that I have no history of hemophilia (bleeding) and/or I have consulted with a physician prior to receiving any tattoos.
- ☐ I acknowledge that I have no history of skin disease, lesions, or sensitivities to soaps or disinfectants.
- ☐ I acknowledge that I have no history of allergies or adverse reactions to pigments, dyes, latex, or other sensitivities.
- ☐ I acknowledge that I have no history of epilepsy, seizures, narcolepsy, or fainting.
- ☐ I acknowledge that I am not using medications such as anticoagulants which thin the blood or interfere with clotting.
- ☐ I acknowledge that I am free of communicable diseases such as Hepatitis and/or HIV/AIDS.
- ☐ I acknowledge that I am not pregnant.
- ☐ I acknowledge that I have truthfully represented to Ink Jam Tattoo Studio that I am at least 18 years old.
- ☐ I acknowledge receipt of written body art disclosures.
- ☐ I acknowledge that infection and/or adverse reaction is possible, particularly in the event that I do not take proper care of my tattoo.
- ☐ I acknowledge receipt of written instructions on the proper care of my tattoo and acknowledge the necessity for following these instructions.
- ☐ I acknowledge that variations in color and design may exist between my tattoo as selected by me and as ultimately applied to my body.
- ☐ I acknowledge that a tattoo is a permanent change and that no representation has been made on the ability to later change or remove the tattoo.
- ☐ I acknowledge that the obtaining of a body art procedure is my choice. I consent to the application of a tattoo.
- ☐ I acknowledge and understand that an apprentice is tattooing me.
- ☐ I hereby give Ink Jam Tattoo Studio permission to publish any and all photos of my tattoo.
- ☐ I hereby witness that all tattoo equipment (needles, tubes, inks, etc.) are new and/or sterile.
- ☐ I hereby take responsibility for approving spelling of names and words and correctness of dates in my tattoo.

Name: _____

Address: _____

City/State/ZIP: _____

Phone #: _____

Email: _____

Date of Birth: _____

Body part where tattoo is located: _____

Description of tattoo: _____

Artist performing tattoo: _____

Ink Jam witness: _____ Supervisor Initial: _____

Signature: _____ Date: _____

By signing this form, I agree to release and forever discharge and hold harmless Ink Jam Tattoo Studio and its owners, agents, independent contractors, and employees from any and all claims, damages, or legal actions arising from or connected in any way with this body art procedure. I confirm that the above information was provided to me, that I do not have a condition which will prevent me from receiving body art, that I consent to the body art procedure, and am aware of the risks and that I was given a Disclosure Statement and an Aftercare instruction sheet.

12 Park Avenue, Arlington, MA 02474 - (781) 316-2393

Level 1: Small size - simple, single color piece.

Level 2: Medium size - (5x5) more complicated pieces of moderate difficulty.

Level 3: Large size - more complicated pieces involving blending multiple colors, custom designs, cover-up work, and fineline tattooing.

[illegible]

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Direct Observation

Workstation Clean-up

Workstation Preparation

[illegible]

You passed - Congratulations!

Participant	2025-01-02 14:17
Display Name	Caeleigh Smith
E-mail	

84%

42.00 / 50.00

Questions	50	
Answered	49	98%
Correct	42	84%
Incorrect	7	14%
Not Answered	1	2%



- Correct
- Incorrect
- Not Answered

Section	Total	42.00 / 50	84.00%
1. Section (For Body Art Practitioners)		42.00 / 50	84.00%